

THE PHYSICIAN IN THE U.S. PUBLIC HEALTH SERVICE

The Public Health Service, oldest of the organizations which comprise the Department of Health, Education, and Welfare, is the principal health agency of the Federal Government. It is a vital force in advancing research in the health sciences, in developing health programs, and in providing therapeutic and preventive services for many hundreds of thousands of direct beneficiaries.

The research programs include laboratory, clinical, epidemiologic, engineering, statistical, and administrative—all focused on contemporary health problems. Through fellowships, traineeships, and grants, the Service helps to increase the number of trained professional personnel.

The Service provides leadership and technical assistance to States and local communities, through demonstration of new and improved methods, through the loan of personnel and equipment, and through training programs for State and local health workers.

The Public Health Service gives medical and hospital care to those people whom Congress has declared eligible to receive such care. It also provides medical personnel for the United States Coast Guard, for Federal prisons, and for health programs of other government agencies. It administers the Nation's foreign quarantine laws and regulations and gives medical examinations to immigrants.

The Service has taken a leading part in the development of international health. Its officials have been active in international and world health organizations, its physicians have served overseas, and its teams have been instrumental in developing the health programs in many foreign countries.

yesterday

The history of the Public Health Service is an integral part of the history of the Nation and of the health sciences. It is the story of the response of our American society to the challenge of sickness and death in a constantly changing environment.

The story began in 1798 when the Public Health Service was established as the Marine Hospital Service to care for ill and injured merchant seamen. It continued during the 19th century when waves of immigrants sweeping in from abroad, the westward migration, and the epidemics which followed produced many new health problems. These problems underscored the need for a mobile force of physicians who could face the health emergencies of peace and war, and serve where assigned. In 1889, Congress gave statutory recognition to the USPHS Commissioned Corps, which today includes not only physicians, but dentists, sanitary engineers, scientists, nurses, and other categories of professional personnel.

In 1887, the Service established a Hygienic Laboratory at its Staten Island hospital to apply the new bacteriologic principles to the study of disease. This laboratory developed into the National Institutes of Health where a tremendous program of research and research grants is now centered.

As public health developed, the States retained primary responsibility within their own borders. The Service became increasingly concerned with interstate problems, but has continued to assist the States through consultation, technical services, and the detailing of personnel.

today

The Public Health Service presently has over 33,000 people engaged in more than 300 occupations. They serve throughout the United States and in all parts of the world.

Programs range from the study of chronic diseases to the effects of radiation on the human body; from ways to increase the life expectancy of our Indian and Alaska native population to attempts to find a cure for the "common cold"; from the detection and prevention of communicable diseases to efforts to stem the increasing danger from water and air pollution.

A PHS physician may find himself on the surgical floor of a hospital or on the deck of a Coast Guard ship. He may be a member of a survey team near the North Pole or a member of a Peace Corps team at the base of Mt. Kilimanjaro. He may be ministering to the needs of the sick at a hospital in Kotzebue, Alaska, or working to lower the mortality rate among Indian babies in Arizona.

Wherever he is, he stands at the frontier of public health progress. He brings his epidemiological and laboratory skills to bear on the prevention of chronic diseases, seeks ways to prevent the occurrence of communicable diseases, and develops methods for protection against environmental hazards. He must, at the same time, detect emerging public health problems and prepare to prevent them or minimize their disabling effects. He may be part detective and part prophet, but must be all physician.

MEDICAL SERVICES



The USPHS hospitals and clinics

A NUMBER of USPHS physicians are assigned by the Bureau of Medical Services' Division of Hospitals which operates 15 hospitals and 25 outpatient clinics. Twelve of these provide general medical and surgical care. Two—one at Lexington, Ky., and the other at Fort Worth, Tex.—treat narcotic addiction and other neuropsychiatric disorders. The combination hospital and community at Carville, La., is the national leprosarium.

These hospitals are in port and coastal cities such as Boston, New York, San Francisco, Seattle, Galveston, and New Orleans. Patients include American and foreign seamen, officers and enlisted personnel of the U.S. Coast Guard and of the U.S. Coast and Geodetic Survey, Federal employees injured at work, active duty and retired members of the Federal uniformed services, and dependents of the various uniformed services.

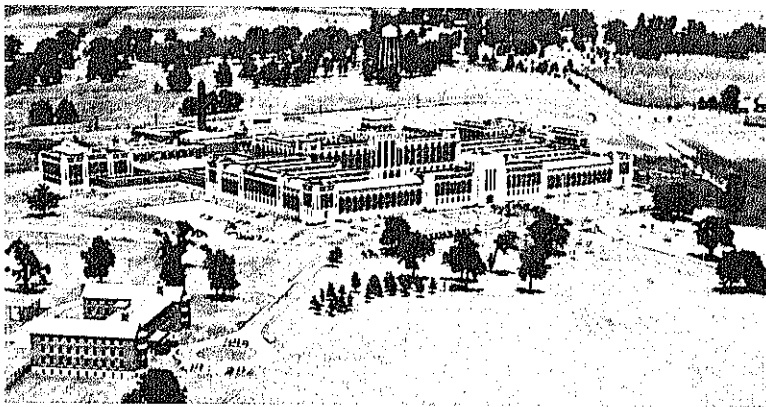
The outpatient clinics are maintained in other cities and towns throughout the country.

Most USPHS hospitals are qualified as teaching hospitals. There are 101 approved medical internships, including four in straight surgery and one in straight medicine. More than 150 residents are in training in fully accredited formal residency programs in various medical specialties.

The majority of the residents are selected from among the Commissioned Officers of the Service according to needs for physicians with specialized training. Extensive opportunities are afforded graduates of these residencies to practice their specialties.

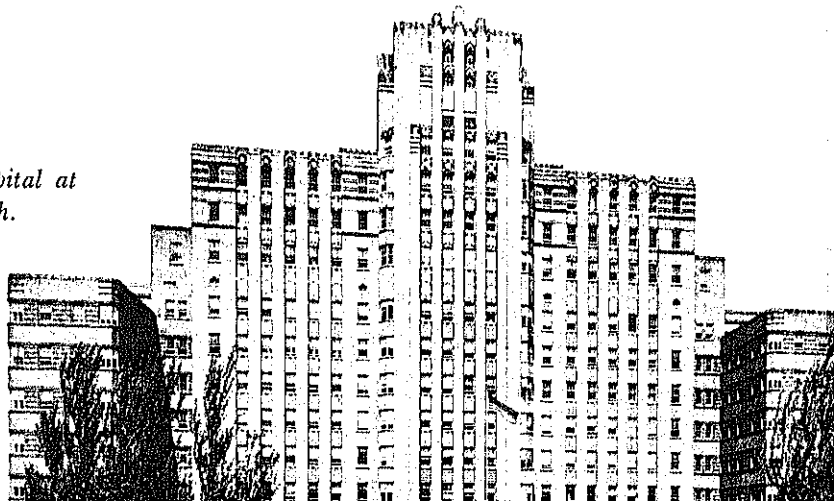
Clinical and pathological resources are available throughout the facilities of the Division. Both inter-hospital cooperative investigations and individual studies are conducted. A number of clinical investigations are done in collaboration with the research staff of leading universities. Clinicians in the Service hospitals are eligible to apply for research grants from the National Institutes of Health on the same basis as research scientists in non-Federal institutions.

The Staten Island, Baltimore, New Orleans, San Francisco, and Seattle PHS hospitals have full-time research directors specially trained in university laboratories. The National Heart Institute, NIH, supports a training program through which selected clinical specialists of the Division of Hospitals receive training in research methods in laboratories of university medical schools.

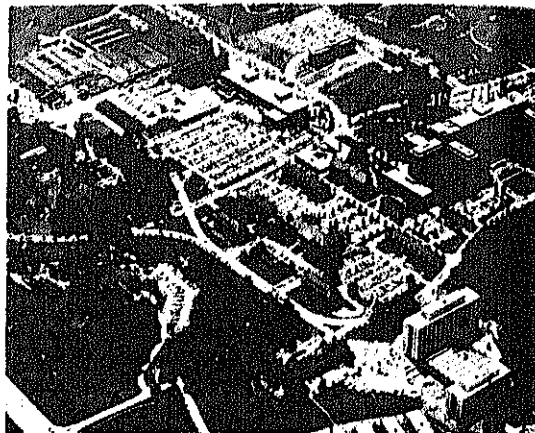


USPHS Hospital at Lexington, Ky.

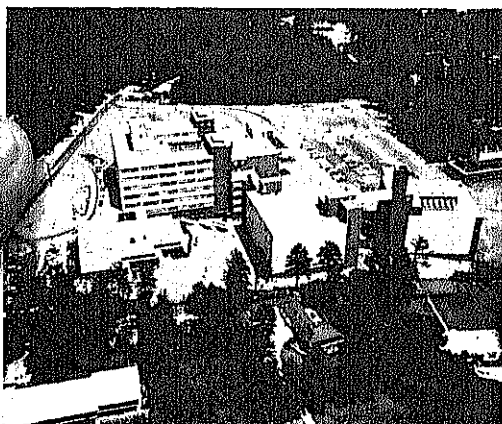
*USPHS hospital at
Seattle, Wash.*



*The National Institutes of Health,
Bethesda, Md.*

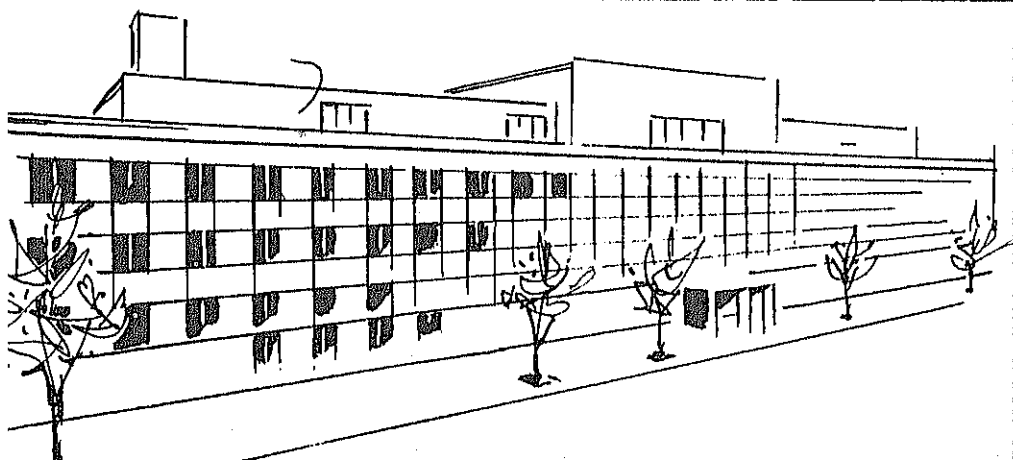


*Where to serve . . .
Some typical localities*



*The Communicable Disease Center,
Atlanta, Ga.*

*The National Leprosarium
at Carville, La.*





*Fitting an orthopedic device
at the PHS Indian hospital
in Shiprock, N. Mex.*

Indian health

The Division of Indian Health operates 50 hospitals, ranging in size from 15 to 395 beds; 26 health centers; 16 school health centers; and over 200 smaller field health stations. Some one million outpatient visits are made each year to these facilities.

The program deals with the entire health spectrum. It embraces all phases of medical practice from prenatal care to geriatrics. It includes preventive and curative medicine and public health.

The Division serves 380,000 Indians and Alaska natives on about 200 Federal reservations in 23 States and in hundreds of villages in the State of Alaska. The majority live west of the Mississippi.

The health program is comparable to that of a community of predominantly rural people. Special health activities are developed as needed; in addition to the usual preventive health and treatment clinics for the sick and injured, there are special clinics for prenatal and postnatal care, well babies, immunization, school health, diabetes, and tuberculosis.

All the general hospitals have many obstetrical, gynecological, and pediatric cases. Major surgery is performed regularly in the larger hospitals and to a limited extent in many of the smaller ones.

The level of health among the Indians and Alaska natives is similar to that of the general population a generation or more ago. Diseases rarely seen today in a general community are often encountered in patients at



Indian health facilities. The variety of clinical conditions confronting physicians is probably greater than in any other medical program in this country.

Foreign quarantine

To prevent contagious diseases from entering the country, medical officers of the Division of Foreign Quarantine keep vigil at 20 major seaports and land border ports in the United States and insular possessions.

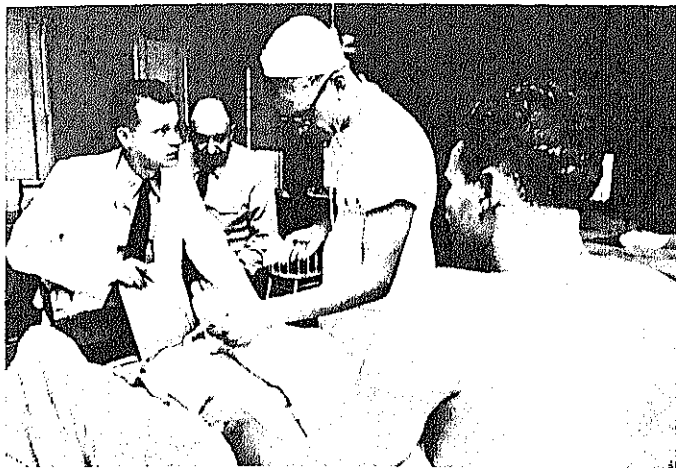
PHS physicians also examine visa applicants and serve as technical advisors to consular officials at major United States consulates in foreign countries. Similarly, they perform quarantine inspection and medical examinations of Mexican laborers at border reception centers in California, Arizona, and Texas.

Other medical care assignments

In addition to these programs which it administers, directly, the Bureau of Medical Services details professional personnel to the medical programs of other Federal agencies. These are the Bureau of Federal Prisons, the Federal Employee Health Program, the U.S. Coast Guard and the Coast and Geodetic Survey, the Peace Corps, and the Bureau of Employees' Compensation of the U.S. Department of Labor.



A PHS medical officer at the U.S. Quarantine Station in Miami, Fla.

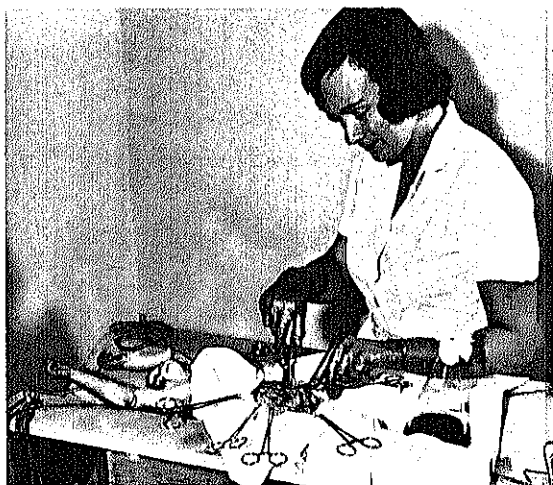


*Making ward rounds at the
Federal Penitentiary Hospital
in Atlanta, Ga.*

*How to serve . . .
Some typical duties*



*A physician in the Division
of Community Health
practicing home care.*



*Removing a monkey kidney for
tissue culture use.*

*A Division of International
Health physician demonstrates
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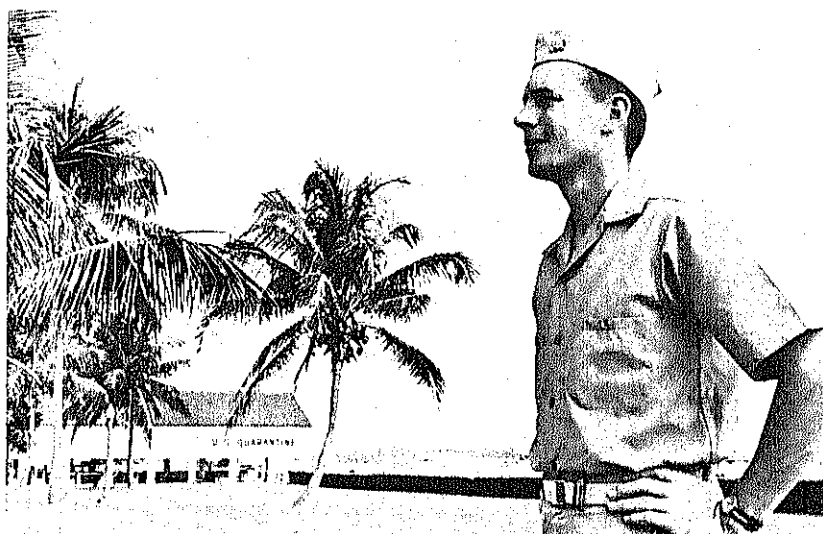
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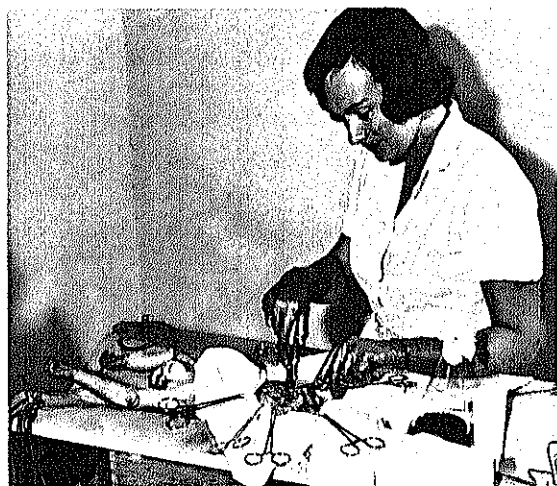


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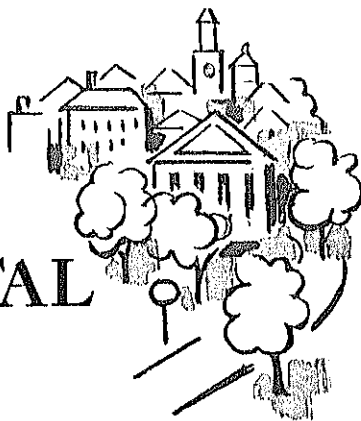


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COMMUNITY and ENVIRONMENTAL HEALTH



A LARGE PART of the PHS program, centered in the Bureau of State Services, is concerned with public health practices—in seeing that the best available health protection reaches the largest possible number of people. There are two broad types of control programs; those relating directly to personal health services and those relating to the environment.

Physicians in either program work closely with other members of the public health team—nurses, nutritionists, engineers, chemists, health educators, dentists, and others. These contacts extend beyond the Service to national, State, and local organizations.

COMMUNITY HEALTH

Several divisions work with communities and States to increase public health knowledge and bring the benefits of knowledge to people who need it. Physicians working in these programs consult with State and local officials, work to develop new methods of delivering health services and set up demonstrations of effective techniques.

*A CDC physician assisting
local agencies in a citywide
immunization campaign.*



In the Division of Accident Prevention, physicians share in efforts to reduce the number of accidents and severe accidental injuries that plague the Nation. Poison control, emergency care of accident victims, accidents to aged persons, and the epidemiology of traffic deaths are among the many concerns of this Division.

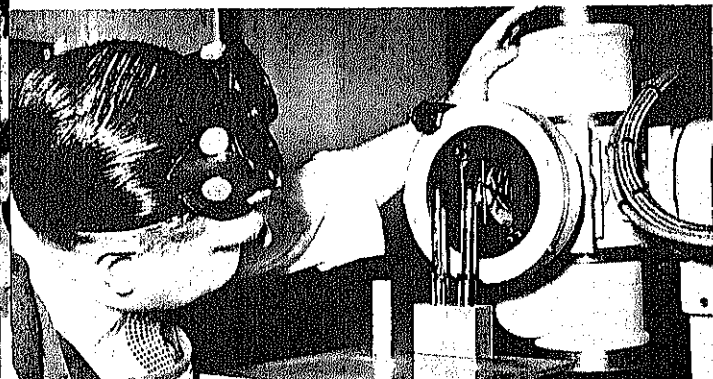
The Division of Chronic Diseases seeks to establish effective programs to control heart disease, cancer, diabetes, arthritis, defects in vision and hearing, and related geriatric problems. It has special interest in the effect of these diseases on large segments of the population. In some instances, PHS physicians are assigned directly to State control programs.

In the Division of Community Health Services, effective community health action and improved health practices are sought. Current areas of special interest include medical economics, health problems of migrant agricultural workers, and such educational problems as public acceptance of immunization programs and penicillin prophylaxis of rheumatic fever.

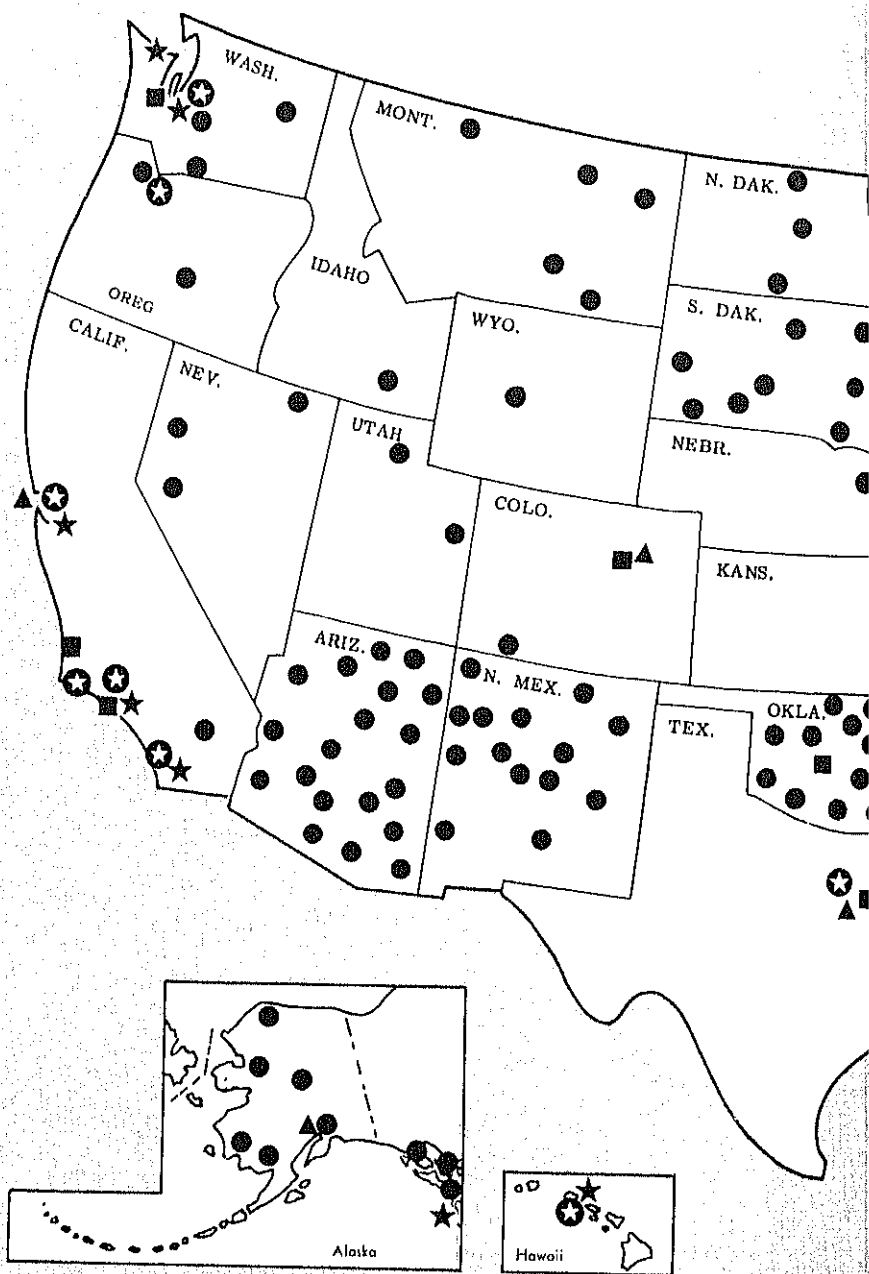
In the Division of Hospital and Medical Facilities, physicians promote the development and utilization of hospitals and other health facilities, and their relation to other community health resources.

The Communicable Disease Center in Atlanta, Ga., is a nationwide resource for investigation and training in the control of infectious diseases, particularly those caused by viruses. It serves as a bridge between basic research and applied control measures. Field stations throughout the Nation and in Puerto Rico have been set up where special problems exist or where local conditions are conducive to the study of specific diseases. PHS epidemiologists, many of them stationed at CDC, serve as disease detectives, tracking down and identifying the nature and origins of disease outbreaks that flare up periodically and spread through an area or region.

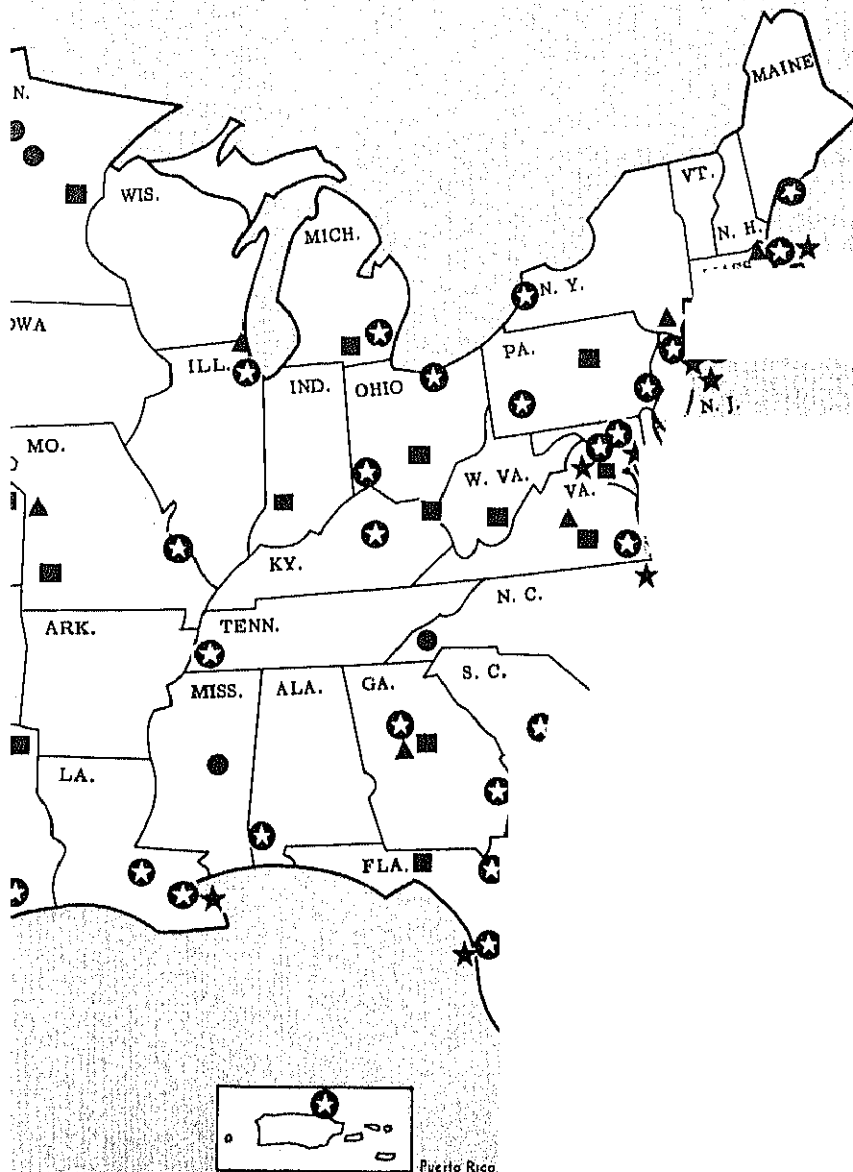
In all the community health programs, physicians with a special interest in public health administration are urgently needed to develop and direct improved programs for strengthening national health. In addition, consultants have a vital role in stimulating the adoption of new approaches and proved public health methods at the State and local level.



A radiologist in the Division of Radiological Health demonstrates "cap-on" and "cap-off" technique for determining total filtration of a medical diagnostic X-ray unit.



ASSIGNMENTS



ENVIRONMENTAL HEALTH

Over the past few years environmental factors affecting health have become increasingly significant. Industrial processes and products have developed so rapidly that direct and individual effects on the health of the worker, the user of the product, and the general environment have not been adequately evaluated, let alone controlled. Expanded use and diversity of medical and industrial sources of radioactivity is a technical development of particular significance to health. Extensive pollution of air and water, two of our most basic resources, has been but one of the health-damaging side effects of our continuing urbanization and industrialization.

The Environmental Health programs of the Public Health Service seek to reduce and control such affronts to our health and well-being. These programs, which employ an interdisciplinary approach to the solution of these problems, include: Air Pollution, Environmental Engineering and Food Protection, Occupational Health, Radiological Health and Water Supply and Pollution Control. There are numerous opportunities for physicians to work together with scientists and engineers in the research,



A PHS physician visiting in an Alaskan native village



*Reviewing new medical reports at library facilities of NIH.
The National Library of Medicine is located on NIH grounds.*

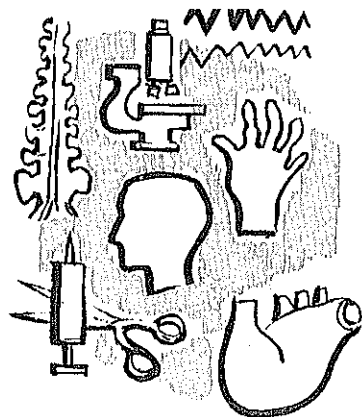
operational, administrative and training portions of these dynamic programs, each of which has concrete medical aspects. For example, physicians are studying the relation between air pollutants and chronic diseases such as lung cancer and bronchial asthma.

Research centers

Most of the research of the Environmental Health programs is centered at the Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio, with more than a dozen other laboratories in operation or under construction in various parts of the country.

At the Arctic Health Research Center in Anchorage, Alaska, physicians are afforded the opportunity of studying the unusual medical and environmental health problems associated with low-temperature areas.

THE NATIONAL INSTITUTES OF HEALTH

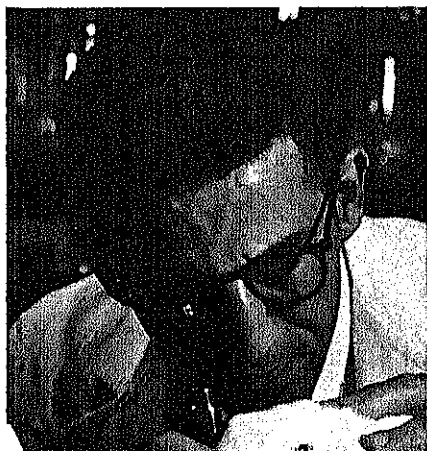


THE NATIONAL INSTITUTES OF HEALTH in Bethesda, Md., is the principal research arm of the Service and one of the world's largest medical research institutions.

The range of diseases under research is indicated by the names of the Institutes: National Cancer Institute, National Heart Institute, National Institute of Allergy and Infectious Diseases, National Institute of Child Health and Human Development, National Institute of Dental Research, National Institute of General Medical Sciences, National Institute of Arthritis and Metabolic Diseases, National Institute of Mental Health, and National Institute of Neurological Diseases and Blindness. Research is also carried on in the Division of Biologics Standards, although this is primarily a regulatory agency, responsible for the safety, purity and potency of all biologics sold in interstate and foreign commerce.

Other NIH constituents are the Office of International Research, the Division of Research Grants, Division of Research Services, and the Division of Research Facilities and Resources.

The facilities here permit the Institutes to use the many highly specialized laboratory sciences and clinical disciplines. Again, the challenges and opportunities a young physician may find here are unlimited.



Examining the eye of a rabbit for evidence of the toxoplasma organism, the cause of uveitis.

Research resources range from specially designed equipment and giant computers to pathogen-free and mono-infected laboratory animals. There is intellectual stimulation through association with world leaders in medical research and there is freedom for research. The traditional emphasis at NIH has been and continues to be on the originality and productivity of the individual investigator.

The Clinical Center

This 14-story, 516-bed research hospital was planned so that representatives of all the medical sciences could work closely with clinicians, each contributing to research and to the more effective treatment of patients. All Institutes except the National Institute of General Medical Sciences and the National Institute of Child Health and Human Development have patient rooms and research laboratories—in close proximity—at the Center.

Clinical Center training

A training program for young physicians, designed to provide unique experience in clinical investigation within the framework of a medical organization devoted exclusively to research, is in effect at the Clinical Center. There are two major categories—residents (called clinical fellows) and clinical associates.

At NIH, the term *fellow* applies only to those physicians enrolled in a formal residency training program. Such a program might be in the clinical program of one of the Institutes or in one of the central departments of the Clinical Center.



Various aspects of bat collecting, saliva sampling and banding pertinent to rabies survey work at the NIADD Rocky Mountain Laboratory, Hamilton, Mont.

A young physician may be appointed as a clinical associate to an Institute and given clinical responsibilities equivalent to those of residents. In each case, he is the junior member of a research team.

There is still another opportunity for young physicians at NIH. Each year, about ten physicians who have finished internship or one year of residency training are appointed to positions in laboratory research. Selection is based on demonstrated potential and interest in basic research.

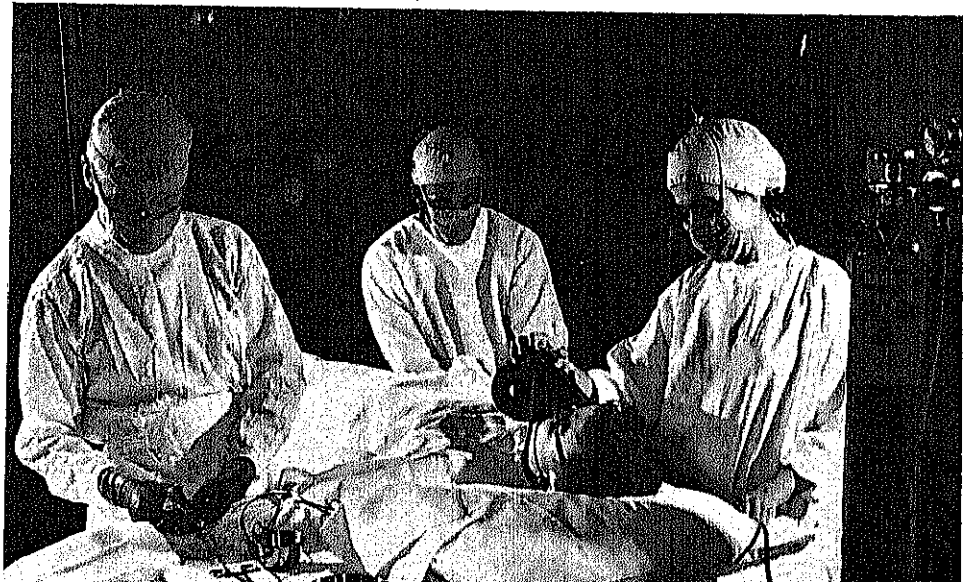
Research opportunities

The opportunities for a rewarding medical research career at NIH are many and varied. However, there are also opportunities in administration of both NIH research at Bethesda and in the very extensive program of awards to other institutions. Of the estimated billion dollars spent on medical research during fiscal year 1962, the Federal Government contributed 57 percent.

The support of research training has been extended to scientists and scientific institutions in other countries. In addition, NIH scientists may be given research assignments abroad. Some have been assigned to the SEATO Cholera Research Laboratory in Dacca, E. Pakistan, others to Peru or to the Middle America Research Unit at Panama, and still others to the overseas offices in London, Paris, Rio de Janeiro, Tokyo, and New Delhi.

NIH maintains field stations in the United States at the historic Rocky Mountain Laboratory in Hamilton, Mont.; at Columbia, S.C., and Chamblee, Ga.

National Heart Institute surgeons are using KRYPTON-85 to detect leaks between the sides of the heart.



HOW TO JOIN THE CORPS

THE CORPS has a Regular and a Reserve component. Officers of the Regular Corps are selected after professional examination and are appointed by the President. Officers of the Reserve Corps are appointed by the Secretary of Health, Education, and Welfare on behalf of the President.

Monthly pay and allowances for medical officers in the Public Health Service are comparable to those of the Armed Forces. Entrance rank is based on training and years of experience.

There are several ways a medical student or young physician may enter the Commissioned Corps: Through the Commissioned Officer Student Training and Extern Program (known as COSTEP); through the medical intern program in the Public Health Service hospitals affiliated with major teaching centers; as a general duty medical officer, in the grade of Senior Assistant Surgeon, following one year's internship either at a PHS hospital or at an approved hospital outside the Service; as a clinical resident in training at a PHS hospital or the Clinical Center of the National Institutes of Health; or as a public health resident on assignment to a state health department.

Examinations for the regular component of the PHS Commissioned Corps are announced each year and are open to U.S. citizens who are graduates of recognized medical schools.



Medical officer on detail to Coast Guard oversees transfer of patient to USPHS hospital on Staten Island, N.Y.

After graduating from medical school, applicants, under 34 years of age with at least 7 years of college and professional education and training, are eligible to take the Regular Corps examination for the Assistant Surgeon grade. Those who qualify for the Commissioned Corps are appointed to the current pay grade of Senior Assistant Surgeon—equivalent to the Navy rank of Lieutenant.

Applicants, under 37 years of age with 10 years of college and professional education and training, are eligible to take the Regular Corps examination for Senior Assistant Surgeon grade. Those who qualify are appointed to the current pay grade of Surgeon—equivalent to Navy rank of Lt. Commander.

officer deferment (CORD)

The Public Health Service, with the authorization of the Selective Service System, conducts the Commissioned Officer Residency Deferment (CORD) Program. Draft-eligible physicians are commissioned in the Inactive Reserve Corps and deferred while completing residency training in civilian hospitals. These physicians are committed to serve their Selective Service time with the Public Health Service and are called to active duty immediately after completion of residency training. No additional obligatory military service under the Draft Act is required for them.

benefits

Prestige of serving with one of the oldest and finest health services of the U.S. Government.

Assured income.

Assured permanent and temporary promotions for demonstrated competency.

Complete medical care.

Thirty days' leave with pay each year.

Sick leave with pay whenever necessary.

Commissary and Exchange privileges.

20-year or 30-year noncontributory retirement benefits.

Retirement benefits in case of physical disability.

Individual preferences for assignment consistent with Service needs.

Opportunity for post-graduate training.

Wide variety of stimulating assignments.

Active duty with the Public Health Service fulfills Selective Service obligations.

And for the family:

Complete medical care.

Financial benefits for survivors.

Opportunities associated with broad travel.

equivalent grades

PHS	NAVY	ARMY or AIR FORCE
Jr. Asst. Health Services Officer (Student)	Ensign	Second Lieutenant
Assistant Surgeon	Lieutenant (j.g.)	First Lieutenant
Sr. Asst. Surgeon	Lieutenant	Captain
Surgeon	Lieut. Commander	Major
Senior Surgeon	Commander	Lieutenant Colonel
Medical Director	Captain	Colonel
Asst. Surgeon General	Rear Admiral (upper or lower half)	Brigadier or Major General

Expanding USPHS programs will require between 400 and 600 Commissioned Corps medical officers during the coming year. The majority will be needed to fill positions in clinical and preventive medicine. In the specialist category the greatest need is for psychiatrists, pathologists, and public health physicians.

For more detailed information or application forms, write to . . .

THE SURGEON GENERAL
U.S. Public Health Service (OP)
Washington 25, D.C.